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ON THE NATURE AND TREATMENT OF ASTHMA.

From a Lecture delivered at King's College Hospital, London, by R. B. TODD, M.D., F.R.S.
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WHAT IS ASTHMA?—I shall answer this question by stating first that it cannot be properly called a disease of the lungs—in other words, its primary seat is not in the lungs: it may be defined to be a constitutional disease, which manifests itself by paroxysms of difficult breathing, with intervals of various duration, in which the patient is completely or nearly in a healthy condition.

Let us look at the more prominent points in the clinical history of asthma, and inquire how far we may found upon them an explanation of its pathology.

The way in which the uncomplicated asthmatic attack commences is generally this. A patient, we will say, goes to bed quite well: soon afterwards he finds a difficulty of breathing come on; he cannot lie down; he cannot go to sleep; the dyspnoea increases, and the attack becomes confirmed: or, what is very often the case, he goes to sleep quite well, and wakes in an hour or two with the attack on him. When once formed, the asthmatic paroxysm continues for some time, and passes off generally with some cough and expectoration, but sometimes without either. The time of its duration is very variable: sometimes it lasts only a few hours, sometimes many days.

When suffering from the attack the patient cannot lie down. All asthmatics show an instinctive repugnance to the horizontal posture, while the attack is on; and even in the intervals of the attacks they like to lie high, and seldom lie quite flat: generally they are content with sitting up in bed or on a chair, or they may sometimes move about the room. The coachman of a neighbor of mine some years ago suffered so much from a paroxysm of asthma, which resisted all treatment, that he was obliged to stand leaning forward on a table for three days; and in this erect posture he passed the whole of this time: at last he became so exhausted that he was obliged to sit down from sheer inability to support himself. The erect or semi-erect posture is no doubt preferred because it enables the muscles of respiration to act with greater freedom, and with more mechanical power.

These attacks are very much influenced by weather, particularly cold and damp, and by locality, as high or low, humid or dry, relaxing or bracing.

ing: and there is a remarkable capriciousness in these respects, some persons liking a low, damp, smoky situation; some a high, dry, and clear; that which is fatal to one case will be the very best thing to another, and one person will be well where another cannot live. Sometimes persons living in London, and wishing to try the neighborhood, will ask you, "Shall I go to Clapham, or shall I go to Highgate—will a high or a low situation be the best for me?" Now this is a question that it is impossible to answer with certainty; for very often that which would seem the worst will turn out the best. I have known asthmatics better on the banks of the Thames than anywhere else; on the other hand, I have known some greatly relieved by going to a high situation. Dr. Watson has some interesting remarks on this subject in his valuable lecture on asthma, and relates some curious cases in illustration of the uncertain influence of locality in checking or promoting the asthmatic paroxysm.

Then, sometimes we find that asthma is brought on by certain specific irritating agents. We all know of *hay-asthma*: that if certain individuals venture within the range of a hay-field, they are seized with sneezing, coryza, profuse lachrymation, and other symptoms of irritation of the mucous membrane, accompanied with a distinct asthmatic paroxysm. Similar symptoms are brought on in other people (but such persons are much fewer) by the volatile effluvium of ipecacuan., or by the presence of very fine particles of dust floating in the atmosphere.

Persons having had this disease for many years may cease to have any attack. I have known many cases of men and women who have lost the disease as they advanced in life. Now, in such cases of recovery, does the disease leave the lungs perfectly healthy? Not unless the attacks of asthma have been mild, and few and far between. Although not necessarily originating in the lungs, the frequent repetition of the asthmatic paroxysm doubtless always leaves some injury to the lung after it, which is the greater in proportion as each paroxysm is longer and more severe.

In asthma the respiratory efforts are greatly exaggerated, in consequence of the increase of the sensation of the want of breath—the *besoin de respirer* of the French; a sensation which any one may easily experience in his own person by simply putting his face into water for a few seconds. Under the influence of this strong feeling of the want of breath, large quantities of air are drawn in, and so great is the effort of inspiration that the noise which it occasions may be heard for a considerable distance. What results? The air-cells of the lungs become dilated, and the whole lung experiences a proportionate enlargement, and the external configuration of the chest is altered. This is well exemplified in our patient Shaw: he has a large, barrel-shaped chest, rounded in front, behind and at the sides; and, if you watch him breathe, you will see that there is less movement of each respiratory act than there should be; the chest is in a state of permanent dilatation, the ribs are too horizontal, the intercostal spaces too wide, and the accessory muscles of respiration are always more or less in a state of action. The state of lung which is produced by asthma, is that which has been called by Laennec *emphysema*—a name not happily chosen, as it implies what really does

not exist, namely, the infiltration of the lung with air, the existence of air in its extra-vesicular tissue. If the asthmatic attacks continue for any great length of time, and are severe, we find further injury of the lung taking place; the walls of the air-cells suffer in their nutrition, and some of them, already dilated to their utmost extent, give way; three or four, or more, become fused into one, and form large, irregular cavities, which are distributed among the healthy pulmonary tissue.

But, besides these changes in the lungs, the repetition of the asthmatic paroxysms leads with equal certainty to morbid changes in the heart. From the obstruction that is offered to the circulation through the lungs, an undue amount of work is thrown on the right ventricle, which of course becomes more or less hypertrophied; at the same time the meshes of the pulmonary capillaries become enlarged, and no doubt experience some change in their vital properties, whereby the circulation in them is retarded. This affords an additional means of obstruction through the lungs, and therefore an additional cause for hypertrophy of the right side of the heart. But as the backward pressure of the blood on the heart becomes increased, the right ventricle becomes not only hypertrophied, but dilated, and the dilatation extends in a retrograde course to the auricle, and thence to the large veins, so that in the advanced stages of this disease it is not uncommon to find venous regurgitation, and more or less congestion, throughout the whole venous system. In the early stages, however, none of these conditions will exist. You may have the most exquisite asthmatic dyspnoea without its leaving any perceptible deviation from the healthy standard either in the heart or lungs, or at most no more than may perfectly recover itself when the paroxysm passes off. This is more likely to occur in children, because their tissues have a greater power of recovery from their greater activity of nutrition.

Such cases as these would alone be sufficient to prove that asthma is a disease essentially independent of any organic lesions of heart or lungs, though frequently accompanied by them, aggravated by them when they exist, and always *inducing* them if it is of sufficiently long continuance. And it is remarkable how soon these lesions may be thus induced, how short a continuance of asthma will be sufficient to give rise to evident signs of organic change in the heart and lungs. Our patient Shaw had had asthma not quite three months, and for the greater part of the time not severely, and yet we find him with a barrel-shaped, unnaturally resonant chest, dilated thoracic parietes, and the heart so displaced and dilated in its right cavities as to beat in the region of the scrobiculus cordis.

I look upon this last sign as one of the most characteristic symptoms of asthma, and I consider its presence in any case where I suspect asthma as a clear confirmation of the correctness of those suspicions. In accordance with this view, in examining a patient whom I suspect to be asthmatic, one of my first steps is to apply my finger to his scrobiculus cordis: if I find no beating of the heart there, my conclusion is a contingent negative; but if I find it beating there, and not in its natural position under the nipple, my conclusion is a certain affirmative.

If you trace up the disease to the point of its first appearance, you

will generally find that the first attack came on either without any assignable cause, or after some indiscretion as to diet—or after some imprudent exposure to weather; the patient went to bed well, and in every respect in his usual health, and woke up asthmatic—but once having made its appearance, it renders its victim ever after liable to its recurrence.

A remarkable circumstance is, that it is often inherited; the father or mother have had it, or it may have leapt over a generation—the grandfather may have been asthmatic, and the intervening generation not so. Once that the asthma has fairly established itself in any individual, it may be brought on by any slight cause, even the most trivial disturbance will be sufficient to excite it—catarrh, indigestion, irregular hours, mental excitement, violent exercise, change of temperature, change of place—any one of these may bring on an attack. Now, if you inquire narrowly, you will generally find at the root of the disease some fault in the primary assimilation: you will find that the patient has learned to avoid certain things; that he is not at liberty like other men; there are some things of which he dare not partake, or, if he does, it is done at the price of an attack. And you will likewise find, on looking into the patient's secretions, that they are altered, that the urine is lithic, phosphatic (most frequently the former), or presents some deviation from the healthy standard. Very often, too, you will find the attack ushered in by a particular condition of the urine, either such as I have just mentioned, or urine resembling nervous hysterical urine, abundant, clear and pale, and of very low specific gravity.

Now all these points—the periodical recurrence of the attacks, the perfect, or nearly perfect health, in the interval, the absence of any organic change, the associated humoral disturbances—all bear in the most interesting way on the pathology of this malady. They tend to establish a remarkable analogy between asthma, gout, and some other diseases. As in asthma, gout comes on quite suddenly—there is no warning: a man may go to bed quite or nearly well, and he will wake up early in the morning with a fit of the gout in his great toe. There is another disease, epilepsy, in which we have exactly the same phenomenon: a patient, with or without warning, falls down, foaming, livid, and convulsed; the paroxysm goes off and leaves him in his ordinary good health, and he may go on for years and not have another. Again, we know that a fit of the gout leaves no organic lesion if it occurs once or twice; but if it is often repeated it leaves permanent injury in the joints that it attacks. We may observe the same thing with respect to epilepsy. If a patient has suffered only one or two attacks, you will find no change in his brain; but if he has had several, you will. The disease evidently consists essentially of something *attracted to* the brain, and not *existing in it*. The same, too, of asthma, the organic changes are all secondary, and a few attacks leave no traces behind them.

All this leads us to suppose that the paroxysm of asthma has something in common with the paroxysm of gout and the paroxysm of epilepsy. Of the two I prefer to take the analogy to gout, because we have more definite and coherent ideas about gout, and we are more acquainted with its exact pathology. The theory at present most in favor

with regard to gout is that it is a disease of assimilation, and this defective or vitiated assimilation gives rise to some *materies morbi*. When this matter is eliminated from the system, the attack passes off; when it accumulates, the attack comes on. In asthma, defective assimilative power is a frequent coincident. Gout, too, and rheumatism, and all humoral diseases, resemble asthma in being inherited.

When the *materies morbi* has been generated, its effect is to irritate the nervous system, not generally, but certain parts of it, those parts being the nerves concerned in the function of respiration—viz., the pneumogastric, and the nerves that supply the expiratory muscles, either at their peripheral extremities, or at their central termination in the medulla oblongata and spinal cord; extreme difficulty of breathing is the result, and, as a consequence of this, ultimate disease of the lungs.

Thus the occurrence of asthma in paroxysms would be accounted for much in the same way you would explain the occurrence of gout in paroxysms; and in the intervals between the attacks, the patient, being of asthmatic constitution, so to speak, is easily thrown into the paroxysm of asthma by causes which would but slightly influence other men—as cold, impure air, mechanical irritation of the respiratory passages—just as gouty men may readily be thrown into the gouty paroxysm by causes comparatively trivial.

This seems to me to be the most reasonable exposition of the pathology of asthma.

Now we often hear physicians of great and deserved repute speaking of *spasmodic* asthma. I need not tell you that the bronchi possess a muscular coat, consisting of circular fibres of the unstripped; for it has been long proved not only by microscopical observation, but by the most satisfactory experiments. It is in these circular muscular fibres of the bronchi that many pathologists localize the spasm, to which they ascribe all the phenomena of asthma.

The first link in the chain of effects of the immediate exciting cause of asthma would be, according to them, spasm of the bronchial tubes, then dyspnoea. Undoubtedly a state of spasm of the bronchial tubes would produce a great deal of dyspnoea: but what I want to point out to you is, that this state of spasm of the bronchial tubes ought rather to be regarded as one of the accompaniments, one of the phenomena of asthma, than as its cause. The feeling of breathlessness, or, in other words, a peculiar state of certain nerves and of a certain nervous centre, the centre of respiration, is the first link in the chain of asthmatic phenomena. The spasm of the bronchi follows sooner or later upon this, and often it follows so quickly upon it as to appear to come simultaneously with it: does it ever precede it? I doubt this.

Undoubtedly you may have severe asthma without severe spasm of the bronchial tubes. I remember a well-marked instance of this in a gentleman whom I attended for chronic disease, cancer, as I thought, of the liver. For nearly a week before his death he suffered from the most frightfully-distressing asthma, which nothing could control, and which lasted without interruption till he died. I examined his chest repeatedly

at all parts, and could hear nothing but the most perfect, loud and puerile breathing, which is quite inconsistent with a state of spasm.

Again; section of the vagi nerves of animals produces phenomena exactly like those of asthma. Whatever be the cause of the dyspnoea in these cases, it is clear it cannot be bronchial spasms, as the muscles of the bronchi would be paralyzed after section of their nerves.

There is one thing that I have observed, which has an important bearing on this subject; that in that particular form of spasmodic disease which I have no doubt in your future practice you will have many opportunities of witnessing, laryngismus stridulus, the crowing inspiration of children, there is a ronchus all over the chest, simultaneous with the convulsive attack. The moment the convulsion comes on, when the eyes become fixed and the child begins to inspire with difficulty, if you put your ears to the chest you will hear a ronchus pervading the whole lung. The moment the recovery takes place, the ronchus ceases. And it is very interesting to notice that you may observe the very same thing in the ordinary convulsions of children, in which the larynx is not prominently engaged; and I suppose no one will pretend to locate these diseases anywhere but in the nervous system.

Hence the conclusion that I draw is this, that the spasm is the accompaniment, and not the cause of the difficult breathing that accompanies or follows upon the nervous changes, just as it does in laryngismus and in the ordinary convulsions of children.

So much for the pathology of asthma; as to the treatment of this disease, our attention must be directed

- 1 To obtain relief to the paroxysms; and

2. To improve the patient's constitution in the intervals of the paroxysm.

First, in the asthmatic paroxysm you must inquire into the immediate exciting cause, and endeavor to remove it. With this view an emetic, by emptying the stomach, will often be found useful; or if the quality, not the quantity of the contents of the alimentary canal is the source of the evil, an alkali will be found beneficial. Stimulants are sometimes of essential service, especially when the long-continued circulation of imperfectly arterialized blood has deadened the sensibilities, and so far lowered the powers as to render the expectoration of mucus difficult: one of the best stimulants is sulphuric ether, or perhaps the chloric is even better, from its taste and smell being so agreeable. Ether, in combination with opium, will often be found of great service. But perhaps the *sedatives* constitute the class of remedies that has met most favor in the treatment of asthma, and especially the different members of the order Solanaceæ—as hyoscyamus, belladonna, tobacco; but before and above all, both in the frequency of its employment and its real value, stramonium. This medicine may be given in various forms—as an extract of the seeds in doses of gr. $\frac{1}{4}$ to gr. iij., or in the form of a tincture, in from ten-minim to half-drachm doses; but more frequently it is smoked, and for this purpose the whole plant, leaves and stems, are used; it is dried and cut into small pieces, and smoked in a pipe, or the leaves alone are dried, and rolled up in the form of a cigar. I here show you

some of these cigars, which have been put into my hands by Mr. Savory, of Bond street; but I must tell you that these are not, strictly speaking, *stramonium* cigars, being made not of the *datura stramonium*, but of the kindred species, the *datura tatula*, which is said to be even more efficacious than the more generally-used species.

Lastly, we find an excellent remedy for the asthmatic paroxysm in chloroform. We know how in other cases it influences all those functions, which are ministered to by nervous influence, and in its efficacy in asthma we have an interesting physiological experiment, and an important lesson with regard to the true pathology of the disease. But in the administration of chloroform I would give you this two-fold caution:—first, to give it gradually and cautiously, and not in a full dose; not to produce insensibility, especially if there be anything like blueness of the surface, because, though remedial to the asthma, it will tend to increase those very consequences which are most to be feared from the circulation of venous blood. Secondly, to impress upon your patient that he must never give it to himself, nor without the presence of a medical man. This case was related in the papers the other day:—A person who was in the habit of curing his attacks of asthma by inhaling chloroform, when administering it to himself one day, and when in a state of half subjection to its influence, to produce the full effect placed his handkerchief on the table, and buried his mouth in it; his insensibility became deeper and deeper, till at last he was too far gone to be able to raise his head. He therefore continued inspiring it, his coma became more and more profound, and in a short time after he was found in that position, quite dead.

Secondly, the treatment in the intervals between the paroxysms should be directed to improve the digestive powers of the patient and the tone of his nervous system; the diet should be very carefully regulated, both as to nature and quantity; and this is of all things the most important to occupy the attention of the medical attendant. The alimentary canal and the secretions generally should be kept in a healthy condition; exercise, the hours of rest, and in fact everything that bears on the general health, should be systematically and rigidly superintended; and I am sure that treatment of this sort will always be found of substantial advantage. Another thing having the same object is cold or tepid effusion, either by sponging or by shower-bath: but cold, while very serviceable to those who can bear it, is often too much for many people, in whom no re-action takes place, the coldness continues, and drowsiness is produced. Such symptoms should always be looked upon as contra-indications to the use of cold affusion.

Now before I conclude, I will say a word on the relation of emphysema and asthma. Are those two diseases related to one another as cause and effect? and if so, which is the cause, and which the consequence? To determine this, let us see what emphysema is. It is a state in which the lungs are rendered more capacious, in which the relation of the ultimate elements of the lungs is in some measure deranged, and the pulmonary capillaries altered. Now is this state of increased capacity a state capable of producing such a dyspnoea as we see

in asthma? I cannot think that it is, although this increased capacity is attended with other conditions tending to diminish the efficient aeration of the blood, and, therefore, to the production of dyspnoea. But it will not explain the periodicity of the attack; emphysema is constant, asthma paroxysmal. On the other hand, asthma is clearly an efficient cause of emphysema; the asthmatic condition is just such as to produce those physical changes that constitute emphysema; and I think that all patients who have emphysema have had either asthma or bronchitis. It is confirmatory of this view, that emphysema comes on gradually, and that it bears proportion to the length of duration and severity of the asthma: if a person has had few attacks of asthma, he has no emphysema; if he has had many, he has; the asthma precedes, the emphysema follows.

This, then, is the conclusion I come to—that asthma is primarily humoral; that it is caused by a poison or a morbid matter acting on that portion of the nervous system which ministers to the function of respiration; that it leads to dilatation of the lungs and the walls of the chest, to emphysema, and ultimately to dilatation of the heart; that the habit may pass off, the morbid matter being no longer created, the patient ceasing to be asthmatic, just as a person ceases to be gouty or epileptic; and that, ceasing to be asthmatic, the patient may remain, or may not remain, emphysematous, according to the severity and duration of his previous attacks.—*London Medical Gazette.*

RECORDS OF CASES BY PHYSICIANS.

[In the recent Report of the Sanitary Committee appointed by the Legislature of Massachusetts, various recommendations are included, some of them as legislative enactments and some as social and personal duties; which two classes of recommendations were inadvertently alluded to without distinction in a previous notice of the report in this Journal. From among the latter, we copy the following as worthy the attention of physicians.]

We recommend that physicians keep records of cases professionally attended.

The science of medicine, like most other sciences, is founded upon facts. Many of these facts are stated in the recorded observation and experience of the profession, gathered up and handed down to us in the accumulated medical literature of the age. In anatomy and physiology (and in surgery, too, to some extent), branches of this science, truth and demonstration may be found; but in the practice of medicine more uncertainty exists. The great variety of diseases, and the infinite and ever-varying forms in which they appear in living individuals, render it very difficult to ascertain, always, what their exact natures are, or what appropriate remedies should be applied for their removal. And in looking over the history of medical practice, as exhibited in the books, it is curious to observe how many successive theories have been set up by one man or set of men, and have been overturned and demolished

by another, or abandoned by the authors themselves. The cause of this great variety and change of opinion is to be found, either in an honest desire for the truth, and a belief that it has been discovered, or in a desire to introduce some new theory, that may attract notoriety and promise wealth to its advocates. This has given rise to the numerous medical systems and denominations which have existed and continue to exist. The great error has been in forming theories upon observations or statements, without duly inquiring whether they have been sufficiently numerous, and have been carefully and truthfully made, upon a uniform and comprehensive plan, or whether they are otherwise imperfect. Any theory, however plausible, resting upon a basis in which imperfection exists, is liable to be overthrown.

One great desideratum seems to be a *register of cases*, for private professional practice, constructed on a plan so simple in its requirements, so convenient in its form, at so low a cost, and so comprehensive in its design, that it shall commend itself to universal favor, and be universally used. If such a desirable end could be attained, means would be provided, which have not hitherto existed, to illustrate the causes, nature, effects, and treatment of disease. The abstracts of a large number of authentic registers, if properly presented to the public, would, it is believed, overthrow and destroy much of the medical theory and practice of the age, and introduce a more natural, rational and successful system.

"The private register of the medical practitioner," says Mr. Farr, "would, at the end of a few years, be of incalculable benefit to him; he might refer back to it for important information, transmit it to his sons or successors in practice, analyze the results of his experience, and, in conjunction with his brethren all over the country, would ultimately accumulate a large mass of materials, which could not fail to advance medical science. Too much need not be attempted at first; *all cases* should be noticed; but those facts should be chiefly recorded which are of an unquestionable nature, and that admit of precise statement and comparison, in respect to number, time, weight and measure."

How shall this register be constructed? We have examined a large number of different plans, but none of them exactly meet our views. After consulting with several different physicians, whose opinions and approval are entitled to all respect, we propose one for adoption, a double page of which is presented and explained in the appendix. It may be afforded at a low price; and its form is such that it may be conveniently carried about by the practitioner, thus allowing him to have at hand the means of entering his observations *in the place and at the time* they are made.

Such a register would enable the physician to give the certificate of the cause of death, required under the registry laws, and also to give the amount of sickness suffered in any family he visits.

CASE OF GLOSSITIS.

BY C. T. QUINTARD, M.D., OF ROSWELL, GA.

THE following case presents some peculiarities which call for its publication. On Tuesday, Sept. 23d, was called in consultation with Dr.

P., on the case of J. F., who, I was informed, had been sick since the Friday previous. The following is the history of the case to date. About six weeks ago, a dentist, in attempting to extract one of the larger molars on the right side, broke off the crown, and left the root. For ten days a continuous pain was felt about the part; it then became intermittent until the 12th inst., when it ceased altogether. On the evening of the 19th, the pain returned—the patient applied a few drops of ol. caryoph. and went to sleep. In the morning the pain became severe, and the tongue was slightly swollen. During the day (20th) he complained of pain in the back, and general malaise. In the evening Dr. P. visited the patient, prescribed a cathartic, and applied a blister about the anterior part of the neck.

Sept. 20th.—Tongue, sub-lingual and sub-maxillary glands much swollen; pain severe; the masseter muscles rigid, particularly that of the right side.

22d.—Made my first visit at 10 o'clock, A. M. Patient, a wagoner, aged 28; fine ruddy complexion, light hair, weighs 175 lbs., and is five feet one inch high. This morning there is an aggravation of all the symptoms. Patient unable to articulate; tongue protruded between the lips—is tense, red and painful to the touch; his breathing laborious; his brow bathed in perspiration; surface in other places hot; pulse 100, and full; saliva flowing profusely. He had passed a restless night, tossing to and fro on his bed, without any cessation of pain. No dejection since the operation of the cathartic administered on the 19th. Blood was at once abstracted to the amount of 25 oz.; a large dose of sal Epsom administered, and a poultice of hops and meal applied to the neck. Patient experienced considerable relief from the bleeding, and was able, after some effort, to swallow the salts. Not being able to remain with the patient, I advised the application of C. cups *ad nucha*, but no blood was drawn, as I learnt on my return at 6, P. M. Breathing easier, tongue not so painful; salts have operated well. The pulse being about the same as at my former visit, again advised venesection, and twenty-five ounces more blood was drawn, together with six or eight ounces by cups under the clavicles. At 9 o'clock there was a free discharge of fetid pus from an abscess at the base of the tongue.

23d.—This morning found the patient sitting up, quite cheerful. No pain; tongue not so much swollen, nor so much lessened as was to have been expected from the discharge of pus which had continued through the night. It was still impossible to pass the finger back to the base of the tongue. Ordered only chicken-broth. In the evening the discharge had ceased, but was renewed by using a probe.

24th.—Patient slept well till towards morning, when there was a recurrence of pain. The right side of the tongue was now more swollen than the left, and as there was evidently another abscess forming, and the pulse again full and frequent, the patient was put on the use of half a grain of tart. emetic every two hours. 5, P. M. Has taken but two doses of the tartar, which acted freely on the bowels, as well as having produced the desired effect. At 2 o'clock, the second abscess discharged an enormous quantity of offensive pus. Ordered a cup of strong green tea, and morph. gr. ss., to be taken at 8 o'clock.

25th.—Patient better in every respect. Has some appetite, and considered convalescing. It is proper to state that scarification of the tongue had been attempted, but would not be submitted to by the patient.

Among the causes which predispose to glossitis are reckoned compression of the jugular veins (Stahl); ptialism (Slegel, Frank, Hosack); rubbing the head with mercurial ointment, smallpox, &c. (Trincavalleus). Among the occasional causes, are wounds, laceration, and contusions of the tongue; the application of emetic to the organ, burns; while the most frequent is the action of acrid or acro-narcotic substances on the tongue. "Such effects have been produced by the juice of the daphne mezereum, by tobacco leaves, and by the sting of wasps, bees, and other insects." Dupont relates a case of a young man who, for a wager, "took two bites of a toad, and was speedily attacked with severe glossitis."—(Vid. Brit. and For. Med. Chir. Rev. July, 1850, p. 54.)

The treatment of this disease is generally simple, consisting of venesection, scarification of the tongue, or incisions made parallel to the raphe, the introduction of ice into the mouth, and, if the patient can swallow, the administration of cathartics or laxatives. Emetics are highly commended by Dupont, Ruggi, Wettingins and others, in the earlier stages.

Southern Med. and Surg. Jour.

INFLUENCE OF MATERNAL IMPRESSIONS ON THE FŒTUS.

BY M. J. M'CORMACK, M.D.

THE first case I will allude to is that of a near relative (an uncle), who presents a very extraordinary mark all down his left thigh and leg, which (strange though it may seem is nevertheless true) is much more vivid and prominent during the summer season than at any other time. The appearance it then presents is that of a red currant-tree branch in full fruit; the fruit being regularly raised and standing out of the cuticle, having a bruised appearance, with the juice squirted all over the limb. Now, in connection with this is the circumstance of his mother, when not more than six weeks or two months pregnant with him, being engaged (as the ladies of that period were in the habit of being) in making some preserve from red currants; and whilst in the act of squeezing the muslin bag containing the fruit, it burst and covered her whole face. Being a woman possessed of great presence of mind, and being also fully impressed with the prejudices of that day, of the effect the mother's mind had on the child, she, instead of putting her hand up to her face, at once passed it down the thigh and leg; at the time she did so she declared it was to prevent her offspring being disfigured; the result was as above described. I may further add, that the party alluded to is now a very distinguished officer in H. M.'s navy, and I have myself often seen the appearance of the leg, which in summer is very startling.

The second one occurred with a much nearer relative, and I was myself an eye-witness of the circumstance, and, I confess, watched its probable result with great anxiety; it was one of the first things which has made me hesitate in coming to any decision. This lady happened (re-

siding at the time in a remote country district of Ireland) to be superintending one day the cutting up of some pigs intended for salting, and the man who was doing so being by no means expert in his business, she went over closer, to show him how she wished them to be done. Whilst at the table, where he was just then dividing the head of the animal with a cleaver, a small portion of the brains was dashed over her forehead. She was about six weeks pregnant. She wiped her forehead; and though she let it dwell but little upon her mind, and any fears she might have felt having been dissipated by my assurance that no ill effect could happen to her child, yet when it was born there was the most perfect mark of the scattered particles on the child's forehead. She at once declared that, notwithstanding all that was said to her, she was certain there would be the marks. They, however, became less and less observable as the boy grew up, and at this moment I believe are quite gone away. I might here also add, that she herself has half way down her neck the most perfect resemblance of a cherry, which was dropped down her mother's back, in play, by her brother, when she was two months pregnant with this lady.—*London Lancet*.

EXTRACTION OF NEEDLES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You remark on page 44 of the present volume of the *Journal*, upon the difficulty and doubt connected with attempts to remove *needles* from the flesh of those wounded by them, and in the main I fully accord with the opinions advanced by you; but I do *not* think so lightly of the inconvenience likely to accrue from their remaining unremoved. In your own case it seems the articulation of the thumb received *some* injury, and was in danger of greater. But I did not purpose to criticize your remarks or opinions, at this time, but merely to record the method pursued in a case that came under my observation but a few days since.

Mr. C. sat upon a needle left in his chair by his little daughter, and, without knowing his danger, after feeding his horse, *slipped* from the hay mow over a piece of timber that caught the needle, and pushed a part of it obliquely upward and inward just at the lower margin of the left gluteus maximus muscle. After submitting to severe manipulation at home for near an hour, he walked two miles to see me. At first no needle could be found, but by pressing the thumb and finger deep in the flesh I did find the locality of each end. Dr. Smith then took hold of the limb with his finger and thumb deeply imbedded therein, and held the wire in place while I cut down upon it. I found the external end at full an inch from the surface, and after trying repeatedly to withdraw it with forceps, which would not grasp the wet and polished surface with sufficient firmness, I took my probe-pointed, bent fistula bistoury, and passed that beneath, fixing the edge firmly under the needle near the external extremity, and by slow guarded motion I succeeded in removing it. The portion extracted was about an inch long. What other instrument in the pocket case would have withdrawn the needle?

Respectfully, &c.,

Waterbury, Vt., Feb. 14th, 1851.

C. H. CLEVELAND, M.D.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, FEBRUARY 26, 1851.

EDITORIAL CORRESPONDENCE.

On the River Nile—Tuesday, Nov. 26th.—Being compelled by contract to lay by 24 hours for the crew to bake bread, Girgeh was selected as the spot. Ten miles S.W. are the mighty ruins of Abydos, the ancient holy city, where lived Osiris, and Remeses the great, his son, exceedingly renowned in the history of the kings of this mystic country. The temple and palace, with flat roofs, constructed of enormously large blocks of stone, the massive pillars within, now concealed within a few feet of their upper extremities, by sand, and the fresh, distinctly cut relief sculptures, excite the profoundest sensations. Human bones in frightful profusion were lying on the top of the ground, where tradition says was a cemetery of the most distinguished of the Egyptians, who were brought from a distance to be laid near the holy body of Osiris. It being discovered that I was a hakeem, or doctor, my advice was immediately sought by two individuals out of an assembled village. I find fewer one-eyed persons in Upper Egypt, than in Lower. Those, however, who have voluntarily cut off one fore-finger at the second joint, of the right hand, and plucked out one or two front teeth, are as numerous as ever. I saw nearly all the inhabitants of a village on the very verge of the Libyan desert to-day, where the hot sun and driving hot sand would seem to produce ophthalmia, if those combined influences ever do—but not a case was recognized; while at Girgeh, a kind of mud city, with a population of some thousands, ten miles distant, that scourge was found to be exceedingly common.

Wednesday, Nov. 27th.—To-day nothing has occurred in the way of sight-seeing. There was scarcely any wind; consequently domestic affairs, reading, writing up journals, and feeding the stock of poultry, have been the principal employments. Nothing in the general aspect of the country differs from the river scenery of yesterday.

Farshoot, Thursday, Nov. 28th.—Little worth recording. An occasional new plant appears; more mounds, the sites of great towns and cities. To-day we have passed an hour in examining a sugar manufactory belonging to Achmet Bey, the largest and last of the kind on the Nile, and a very extensive establishment, turning off for market, annually, 2,400,000 lbs. of loaf sugar, which is carried to Italy and Constantinople, when not sold at Cairo and Alexandria. Five hundred persons are employed in the works. The fuel used for all the steam engines is grass—a long, coarse kind called *helfar*, growing on the river banks and occasionally in fields set apart for its culture. A perpetual string of camels, laden with it, are arriving through the day—a piastre, or five cents, being paid for every two quintals. Fire consumes it almost instantly. The piles of animal bones, particularly of horses, used in the process of sugar making, are immense. The first thought that occurs, is, are animals reproduced fast enough to meet the enormous demand thus made?

Friday, Nov. 29th.—The Mahometan Sabbath, but no day of rest to Mahometans. They never, so far as I can discover, desist from labor on Friday; but those who can, conveniently, go to the mosque to offer their

prayers, and immediately return to their ordinary pursuits. Since yesterday, no progress worth mentioning has been made up the stream—the wind having failed; and the hot sun poured its rays so directly down, that for many hours in the middle of the day nothing was done but look at the rock embankments which nature has placed between the river and the desert. The morning was stinging cold; yet cotton, sugar cane, and tropical fauna abound, and crocodiles bask on the warmest sides of the low mud banks.

Saturday, Nov. 30th.—Last night the Reis came to for the night at Fou, against our wishes, and in violation of a written contract. We appealed to it, but could not read his native language, nor could he translate Arabic, and both parties agreed to refer the matter to some one who could. A man was sent for at the village, who pronounced the characters so badly executed that he could not decipher them—and consequently the Reis carried his point. We shall look into the business at Cairo. At the village there was considerable excitement—the performance of a troop of dancing girls—two of whom I think were East Indians. They were gaily bedecked in silk robes, beads, silver jingling trinkets about the waist, and Egyptian gold coins pendant from the forehead. The music was unique. An old man had a kind of miniature banjo, with two horse-hair strings which were operated upon by a bow, like a tenor viol. A skin strained over the mouth of an earthen pot, thumped upon by the fist, a rude tambourine, accompanied the first, to the bewitching melody of which the girls danced most vigorously, occasionally singing with much energy. Their dancing performance consisted in giving an extraordinary vibratory motion to the body, between the two fixed points of the head and feet. The spine actually quivered in a manner that perplexed me in regard to the action of the great muscles, which are rarely educated to act beyond supporting the upright position of the trunk. Like strolling players in England and America, these performers travel from village to village, picking up a precarious subsistence by the exercise of their vagrant profession. They take a fee in grain, bread, tobacco, beans, &c., Hassan informs me, as the country people have no money to spare for entertainments. Occasional lizards, one small snake, crocodiles, wild geese, Egyptian beetles (once sacred), the fruit of the doume palm, melons, the ibis, and a drove of cattle from Dongola, together with a scorching sun, have to-day successively reminded us of being in the Thebiad. Ruins are near Dendera, only two miles distant. From one of the edifices of that once renowned but now forsaken city, the famous Zodiac was taken which I examined at the bibliotheca, in Paris, some months since.

Monday, Dec. 1st.—I have examined in detail all the magnificent ruins of Dendera. Justice has not been done them by travellers, probably because they were constructed only a short time before the Christian era commenced. They are gigantic, elaborately finished within, and imposing, too, beyond any architectural structures we have seen in Egypt of this class. Every wall and pillar, ceiling overhead, and even the stairways and secret passages through which a crafty priesthood sped their way from one part of the intricate edifice to the other, are completely covered by hieroglyphical raised figures. So it is outside, from the ground to the architrave, some being over 12 ft. high, while others are scarcely half an inch. Over the door of entrance to the holy of holies, a little owl was perched as I entered. Through this door, the high religious functionaries once entered, alone, to consult the congregation of Egyptians gods in conclave assembled. Here

is to be seen a relief view of Cleopatra, Queen of Egypt—it being executed while she was living, and therefore presumed to bear some resemblance to that extraordinary woman. She is represented as holding her son, i.e. Julius Cæsar, on her knees.

Legislative Enactments to regulate the Practice of Medicine.—There is perhaps no one of the sciences which suffers so much from the innovations of ignorant and unlettered impostors, as that of medicine. Notwithstanding it is one of the most important of them all, and though these innovations are so well known, there has never been enacted, in the different States, laws adequate to prevent the mischief. Were it not for the native disposition of our people to be greatly imposed upon, so far as the treatment of disease is concerned, legislation would be unnecessary; but since the majority are ever ready to believe in any one who styles himself a doctor, without regard to qualification, it is quite time that suitable measures should be adopted to protect the community from imposition. We consider it quite as important for legislators to impose restrictions on the practice of medicine, as it is acknowledged to be for them to interfere in other matters where the health and lives of the people are concerned. If ignorant, unqualified men are to be allowed to traffick in drugs, or to treat the sick, they should be designated by their dress, or otherwise, that those who employ them may know they are not licensed by the State or any authorized institution. We have residing in this city some forty or fifty irregular practitioners, whose only claim upon the people for patronage and support is their own boasting of marvellous skill in treating disease. It is probable that all of them are better remunerated for their services, than the average of scientific physicians; and from a reliable source we have been informed that many of them receive from \$6000 to \$18,000 per year from their practice. In addition to the resident quacks, there are those from other cities who make monthly, quarterly or annual visits, to our city, putting up at the most fashionable hotels. The arrival of these distinguished individuals is proclaimed by heralds, and by newspapers which have been previously paid for the purpose. For some days previous to their arrival, may be seen in the public papers something like the following—"We understand that the celebrated Dr. A——, from B——, is expected to arrive in our city in the course of a week, and will take rooms at the C—— Hotel for a few days. It will afford our invalid friends an excellent opportunity of consulting one of the *greatest doctors of the age*. Due notice will be given of his arrival." As there are many who believe *all* that is put into the newspapers, they will of course avail themselves of every hint that is given them about consulting such a celebrated doctor. When he arrives, he finds his apartments filled with invalids, from the city and surrounding districts; indeed, the rooms of such are thronged with visitors from morning till night, eager to have an opportunity of getting advice and *medicine*. One of these pseudo-doctors told a friend of ours, that his net receipts, on one of these expeditions of six or eight weeks from city to city, would amount to *ten thousand dollars*. We think it must be apparent to *all*, that the success which attends the operations of these impostors, does not depend on their qualifications, or their wonderful sagacity in distinguishing one disease from another, or even in *treating* disease properly and successfully. The unobtrusive and educated physician, who, if any one, is prepared to do this, is

put entirely into the shade by the boasting of such charlatans. In view of the unparalleled success which attends the financial operations of these quacks, what inducement is offered the young educated physician in prosecuting his researches into the phenomena of disease? Is there any reward for being honest in medical practice, save that of the consciousness of doing one's whole duty to his fellow man? Is not science hooted at, and does not the young aspirant for medical knowledge often see the preference given to the charlatan, and himself forced to live on a humble pittance, while the other revels in luxury, and accumulates a fortune? This is not a fancy sketch, but, alas! too true; and the very ones who lend their aid in supporting the quack, cannot but exclaim with us that it is a serious evil, and one that should be remedied. The question of remedy for this evil has been so long and thoroughly discussed, and that, too, without any good resulting from it, that it would seem to be idle to say more, or to devise any plan for the purpose. In this republican country, it has not been thought expedient to restrain any one in the practice of medicine; to enact a law to this effect, would be supposed to militate against the liberties of the people. Yet we think our legislatures might do something that would serve more plainly to distinguish those who practise medicine without a license from those who have one; and we hope the General Court of Massachusetts may, in its wisdom, see the propriety and importance of such a step, and soon act in the matter.

Massachusetts State Prison.—We are under obligations to Dr. J. W. Bemis, Physician to the Massachusetts State Prison, for documents relating to it for the year 1850. Considering the crowded condition of the Prison, we should think it quite healthy, the mortality the past year being little over one per cent. Of the six deaths the past year, *five* were from consumption, which speaks, in language too plain to be misunderstood, the effects of cold prison walls upon those previously diseased, or predisposed to pulmonary affections. Diseases of the bowels seem to be the most common difficulty with those confined in our State penitentiaries—caused, no doubt, by improper diet. From tolerable good authority, we have been informed that the beef often used in the Charlestown Prison is of the poorest quality, and that in the warm season of the year it is so tainted as to be unwholesome food for human beings. The mush and the bread are also said to be unsuitable diet for any one, and particularly in the summer. We have been told that the majority of the prisoners leave a large proportion of the bread and mush which is allotted them, hunger alone compelling them to eat of it at all; and that these leavings of bread and mush, amounting to considerable in the course of the day, are the perquisites of the hogs kept in the precincts of the prison. Is this as it should be? If we have been misinformed in this matter, we shall rejoice in being set right. The Physician, in his report of the condition of the convicts, says, "Of the kind of diseases which have prevailed, I am not aware of anything peculiar in their character, as differing from those which have occurred in the community at large. Diarrhœa has always been somewhat more noticeable here in the summer months, than without the prison walls, but has yielded readily to remedies and *change of diet.*"

Trial of a Regular Physician for Counselling with Homœopaths.—In the Syracuse (N. Y.) Standard, we find a report of the trial of Dr. Hiram

Hoyt, of that city, as it took place before the Onondaga Medical Society, on the 29th ult. Several charges were brought against Dr. H., the one of most general interest being that of consulting, in a surgical case, with two homœopathic physicians. That our readers may understand something of the nature of the case, we give a portion of Dr. Hoyt's defence, in which he expresses his views in an open, straight-forward manner. The charges against him were not sustained.

"Dr. Hoyt said, as to his connection with Homœopaths—Drs. Loomis and Richardson—he would merely say, that he was called near Bridgeport to amputate a leg; that when all was ready, with the knife in his hand, those gentlemen came in, and he had no time to kick them out of doors, even if he had had the disposition. He would say then, that he had always chosen his help in Surgery, and that he always should. He had not consulted with Drs. Loomis and Richardson, or any other Homœopaths, in the practice of Medicine. He could not do so. He did not agree with them in Therapeutics. It was therefore impossible to counsel with them. He always told them so to their face, and the reason why. But in all matters relating to Surgery, Anatomy and Pathology, he of course agreed with them in the main, and he would in those departments of Medicine as readily avail himself of the assistance of a Homœopathist as of a person of any other school. In this he desired to be distinctly understood. In all respects in which he agreed with Homœopaths, he should counsel with them, and accord them respect, as freely as to those of what might by way of distinction be termed his own school; and in points where his principles differed from them, he should not, because he could not, counsel or consult with them. This was his position, plainly and explicitly stated, and it was one which would never be disturbed by any vote or views of that Society, and would never be changed except by the conclusions of his own mind."

Butler Hospital for the Insane.—The reports of the trustees and superintendent of the Butler Hospital for the Insane has been sent us. It appears that there have been admitted, during the past year, 73 patients, which with the 107 in the Hospital at the beginning of the year, make 180 under treatment. There have been discharged during the year 67, nineteen of which had fully recovered, 27 improved, 5 unimproved, and 16 died. The institution seems to be in a prosperous condition, and under the fostering care of its able superintendent, Dr. Ray, will doubtless so continue. We congratulate our Rhode Island friends upon the success which has attended the establishment of this institution.

Institution for the Education of Idiots.—Perhaps it may not be known to all our readers, that there is an institution in this State for the education of idiots, imbeciles, and children of retarded development of mind. It is a private institution, which was started a few years since in Barre, by Dr. H. B. Wilbur; and from the circular which we have received, we should judge that it is in a highly prosperous condition. It is a pleasant yet onerous task, to instruct those who are born without the proper development of intellect. To see that our labors are attended with the greatest benefits to them, richly repays us for all the efforts expended. That the minds of those who have been considered idiots, may be cultivated, there can be no doubt, for the cases detailed by Dr. Wilbur furnish sufficient

evidence of the fact. What a relief it must be to the parents of such unfortunate children, to know that their offspring can be placed in such an institution, their bodily wants properly cared for, and with a reasonable hope that they may be so far recovered, as to return to them, able, physically, to take care of themselves. We hope Dr. Wilbur may succeed in his philanthropic undertaking, and we take pleasure in recommending his institution to those who may have children requiring his services.

Massachusetts State Record, 1851.—We are under obligations to Mr. French, the publisher, for this exceedingly useful book. Much that is important to physicians may be found in it. We would most respectfully suggest to the compiler, the propriety, in his next issue, of separating the names of quack doctors from those of the regular physicians in the State, or to exclude them entirely from the Record. The Secretaries of the Massachusetts Medical Society will be pleased, no doubt, to furnish him, at any time, with a perfect list of its fellows, which would make his Record more perfect.

The Rochester Rappings.—Probably there are but few of our readers who have not heard or read much of late respecting certain mysterious noises said to be produced in various places, and which have obtained the above appellation from having been first heard in Rochester, N. Y. Drs. Flint, Lee and Coventry, of the Buffalo Medical College, having had an opportunity of examining two individuals connected with the production of these sounds, have come to the conclusion that they are produced by a partial dislocation and cracking of the knee-joints. From a report made by them, we copy the following. Of the probable correctness of the explanation given, we are unable to form an opinion.

"Without entering at this time into a very minute anatomical and physiological explanation, it is sufficient to state that the muscles inserted into the upper and inner side of the large bone of the leg (the tibia) near the knee-joint, are brought into action so as to move the upper surface of the bone just named laterally upon the lower surface of the thigh bone (the femur), giving rise, in fact, to a partial lateral dislocation. This is effected by an act of the will, without any obvious movement of the limb, occasioning a loud noise, and the return of the bone to its place is attended by a second sound. Most of the Rochester rappings are also double. It is practicable, however, to produce a single sound by moving the bone out of place with the requisite quickness and force, and allowing it to slide slowly back, in which case it is noiseless.

"The visible vibrations of articles in the room situated near the operator, occur if the limb or any portion of the body is in contact with them at the time the sounds are produced. The force of the semi-dislocation of the bone is sufficient to occasion distinct jarrings of doors, tables, &c., if in contact. The intensity of the sound may be varied in proportion to the force of the muscular contractions, and this will render the apparent source of the rappings more or less distant."

Death of Dr. Charles W. Wilder.—Another physician of high standing in his profession, and who has occupied many situations of trust and honor

in Massachusetts, has recently departed. Dr. Wilder died at Leominster, after an illness of a few days, a little more than 60 years of age. He was for some time President of the Worcester District Medical Society, before which, in 1843, he delivered an able dissertation on pulmonary consumption. He has represented his town in the Legislature for a number of years. He has also been a director of the Fitchburg Bank from the commencement of this institution, nearly twenty years; and he was the first president of the Fitchburg and Worcester Railroad Company, which mainly owes its existence to his strenuous and untiring efforts, and since his resignation of that office has held the post of director. One of his most striking characteristics, as is justly remarked by a writer in the Fitchburg Sentinel, "was his untiring energy and industry—every moment was usefully occupied—and it was a combination of these qualities, with a shrewd sagacity, that raised him from obscurity and poverty, to a position of high respectability and usefulness. In the final disposition which he made of his property, he strikingly displayed the blended benevolence and thoughtfulness that distinguished him, by the liberal bequest of twenty thousand dollars to the Mass. General Hospital, for free beds."

Hair-Pin Extracted from the Arm.—The following, from the London Lancet, has some connection with a subject treated of by a correspondent in a previous page. It is by W. G. Davis, Surgeon.

"About ten years ago, during my residence with a general practitioner in London, a man presented himself at the surgery, to have his arm examined, having suffered some time from a pricking sensation in it. The external skin was perfectly sound. On examination, a foreign body could be detected under the surface, just above the insertion of the deltoid. My friend cut down upon it, and *the full half of a woman's hair-pin* was extracted after some little trouble, in consequence of the half-arch forming a kind of barb. Your readers may smile, but I say a *woman's hair-pin*, because this was the conclusion arrived at, at a conclave of surgeons and ladies. The man himself was greatly astonished. I perfectly recollect cross-examining him carefully; that he was a very straight-forward fellow, but could not account for it, either by occupation or accident. It may tempt some of your readers, perchance, to speculate on its arrival there; all that I can say, is my belief in Hamlet's declaration,—

'There are more things in heaven and earth,
Than are dreamt of in my philosophy.'

A District Medical Society has been formed in Middlesex county, Mass., and the officers chosen for the first year.

MARRIED.—In Fairhaven, Dr. William Bass, of Middlebury, Vt., to Miss Elizabeth Atwood, of Plymouth.

DIED.—In Orange, Mass., Dr. Parley Barton, aged 81.—At South Boston, A. Southard, M.D.

Deaths in Boston—for the week ending Saturday noon, Feb. 22, 70.—Males, 36—females, 34. Apoplexy, 1—disease of the bowels, 1—disease of the brain, 3—burn, 1—consumption, 12—convulsions, 2—canker, 1—croup, 2—drowned, 1—dropsy, 1—dropsy of the brain, 5—debility, 1—fever, 1—typhus fever, 1—typhoid fever, 1—lung fever, 3—brain fever, 1—hooping cough, 2—disease of the heart, 1—hemorrhage, 1—infantile, 7—disease of the kidneys, 1—inflammation of the lungs, 1—measles, 8—old age, 1—palsy, 2—pleurisy, 1—puerperal, 2—smallpox, 2—tumor, 1—ulcers, 1.

Under 5 years, 35—between 5 and 20 years, 8—between 20 and 40 years, 11—between 40 and 60 years, 11—over 60 years, 7. Americans, 38; foreigners and children of foreigners, 32.

The Morals of Medicine.—We copy the following sensible remarks from the *Yankee Blade*, a newspaper of this city, and seriously wish that its cotemporaries would occasionally speak to their readers in the same style. Should they do so, quackery in medicine might lose something of the moral influence which is given it by the newspaper press.

"The proprietor of a patent medicine expresses, through one of our city papers, his astonishment and horror at the 'suicidal course of the sick' in neglecting to take his Universal Vegetable Family Pills. Of course this exhibition of feeling, on his part, is very proper, and the subject opens up a new field for the moralist. In how far do the sick become parties to their own deaths, or in how much are they implicated in the crime of suicide by refusing to take patent, commonly termed quack, medicines? We can fancy the feelings of a high-minded, conscientious and sympathizing quack, as he witnesses the infatuation of sick persons, who (with money in their pockets) refuse or neglect to avail themselves of the remedies he offers them, guaranteeing a cure if his directions are followed. How lively must be his sense of the awful guilt they incur by permitting disease to ravage their frames, when he offers them pills or biters at a dollar the box or bottle! The quacks will find some alleviation of the sorrow with which they regard the blood-guiltiness of those who refuse to be healed, in the reflection that this branch of medical jurisprudence has been hitherto entirely neglected, and that the moral sense of the community has never been properly enlightened upon the subject. We would suggest to Dr. Brandreth, or 'Old Jacob Townsend,' the propriety of their directing the attention of Professor Wayland to this matter, so that to his next edition of the 'Limitation of Human Responsibility' may be added a chapter upon the *responsibility of sick persons who refuse to buy medicines*—a responsibility which, in the view of patent medicine venders, is only limited by the resources of the patient's pocket.

Registration Laws.—At the late meeting of the New York State Medical Society, in Albany, the following important resolutions were offered by Dr. Tuthill, of Suffolk Co., and adopted:—

Resolved, That a system of registration of births, deaths and marriages is important as a means of preserving the lineage of freemen, of regulating the bequest and descent of property, of determining the just rates of life insurance premiums and the value of annuities, but most of all, of furnishing the data from which may be deduced the causes that may promote longevity and afford during life a greater immunity from disease, and a knowledge of the laws that govern the waste of human life.

Resolved, That in the opinion of this Society no modification of the present registry law is desirable which does not provide for the registration of births, marriages and deaths, with the name, sex, age, occupation and disease of the persons dying.

Resolved, That the committee having charge of the resolution concerning interments in cities be requested to confer with the select committee of the Assembly on this subject, and to represent to the Legislature these views.

Cantharidine Ointment.—This may be prepared by rubbing together equal parts of the ethereal solution and lard or mutton suet. Frictions made with this ointment induce vesication in a few hours. It is much used in Prussia.—*Southern Med. and Surg. Jour.*